

Female Reproductive System and SCI

Authors: Taylor Johnston, SPT; Jordyn Rasmussen, SPT; Cathy Larson, PT, PhD

FACT SHEET

Introduction

The female reproductive system and sexual functioning are often impaired post-spinal cord injury (SCI). In addition, changes with genital functioning, sensation, and the musculoskeletal system occur.¹ Despite these complications, there are many positive aspects and solutions to reproductive system issues that arise after SCI.

Fertility and Pregnancy

SCI does not directly affect fertility.¹ After the injury, the menstrual cycle often stops, but typically resumes within 6-12 months after SCI.² It is possible for women with SCI to become pregnant once the menstrual cycle resumes.² During pregnancy, women with SCI are typically hospitalized after week 36 of the pregnancy to be monitored, and 33% of women with SCI in one study had a preterm delivery. Women with SCI are able to have vaginal births, but C-section delivery is more common (68%).³ Women with SCI are more likely to experience premature labor (12% before 37 weeks) and deliver low birth weight babies compared to the general population.³

Risk Factors During Pregnancy

- Individuals with SCI above T7 may have autonomic dysreflexia during labor contractions²
- Individuals with SCI above T10 can go into labor without realizing it
- Anemia
- Urinary tract infection (UTI)²
- Pressure ulcers
- Deep vein thrombosis (DVT)
- Respiratory compromise

PT Recommendations During Pregnancy^{4,5}

- Assess for needed changes in seating and positioning
- Provide patient with and train patient in using appropriate assistive devices
- Train patients for adequate pressure relief to decrease risk of pressure sores
- Train patients in deep breathing exercises such as incentive spirometry and diaphragmatic breathing to decrease risk of respiratory complications
- Utilize lower extremity compression garments to minimize DVT risk



Academy of
Neurologic
Physical Therapy

American Physical
Therapy
Association

5841 Cedar Lake
Road S. Suite 204
Minneapolis, MN
55416
952-646-2038

Fax: 952-545-6073

info@neuropt.org
www.neuropt.org

Contraception²

Hormonal birth control can be prescribed to women with SCI; however, birth control may come with increased risks. In women who smoke or have a history of cardiovascular issues, there is an increased DVT risk when taking oral contraceptives. An increased risk of hypercoagulation may occur, and some experts advise against hormonal birth control in women with SCI who are over 35 years of age. Women with SCI can use barrier methods, such as diaphragm or intra-uterine devices, but should consult their doctor about an increased risk of pelvic inflammatory disease. A person with impaired hand function may have difficulty inserting or removing a diaphragm.

Sexual Positioning^{6,7}

Recommendations for sexual positioning for a woman with a SCI have been made for ease and comfortability. The male-superior position or side-lying positioning may be preferred. The rear approach may be best for a woman who experiences adductor muscle spasticity. Intercourse can also occur while a woman is sitting at the edge of her wheelchair with her partner kneeling in front of her.

Concerns During Intercourse^{1,7}

Managing an indwelling catheter is a common concern; however, it can be removed prior to intercourse or can safely be left in place. If left in place, the catheter should be lubricated and taped to the thigh.

If a headache occurs during intercourse, this may be a sign of autonomic dysreflexia (see Fact Sheet on this topic for more details). Intercourse should be stopped momentarily until the headache is resolved. Once resolved, intercourse may be resumed. The position that brought on the headache should be avoided in the future, if possible.

References:

1. Somers M. Sexuality and sexual functioning. In: Somers M, eds. *Spinal Cord Injury: functional rehabilitation*. 2nd ed. Upper Saddle River, NJ: Prentice-Hall, Inc; 2001.
2. Stoffel JT, Van der Aa F, Wittmann D, Yande S, Elliott S. Fertility and sexuality in the spinal cord injury patient. *World J Urol*. 2018; 1-9. doi: 10.1007/s00345-018-2347-y
3. Le Lieprve H, Dinh A, Idiard-Charmois B, Phe V, Even A et al. Pregnancy in spinal cord-injured women, a cohort study of 37 pregnancies in 25 women. *Spinal Cord*. 2017; 55(2): 167-171.
4. Smeltzer S, Wetzel-Effinger L. Pregnancy in women with spinal cord injury. *Top Spinal Cord Inj Rehabil*. 2009;15(1): 29-42.
5. Ghidini A, Simonson, MR. Pregnancy after spinal cord injury: a review of the literature. *Top Spinal Cord Inj Rehabil*. 2011;16(3): 93-103.
6. Steger J, Brockway J. Sexual enhancement in spinal cord injured patients: behavioral group treatment. *Sexuality and Disability*. 1980; 3(2): 84-96.
7. Cole T. Sexuality and physical disabilities. *Archives of Sexual Behavior*. 1975; 4(4): 389-403.